

ALLEN v. USA

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1 Q. All right. We were talking about --
 2 MR. GUARINO: Can I --
 3 MS. McCREADY: Sure.
 4 MR. GUARINO: We have been at this for an
 5 hour and --
 6 MS. McCREADY: Sure. Do you want to take a
 7 break?
 8 MR. GUARINO: -- 20 minutes. Can we take a
 9 break?
 10 MS. McCREADY: Absolutely.
 11 THE VIDEOGRAPHER: Off record, 10:22 a.m.
 12 (Recess taken.)
 13 THE VIDEOGRAPHER: On record, 10:31 p.m. --
 14 I'm sorry -- a.m.
 15 MS. McCREADY: Okay. Thank you. Thanks.
 16 Q. On the topic of differential diagnosis of a
 17 subarachnoid hemorrhage, aside from taking -- you
 18 would agree that you would need to take a careful
 19 history in order to determine whether or not a
 20 patient has a subarachnoid hemorrhage. I mean,
 21 would you agree with that?
 22 **A. Yes.**
 23 Q. Okay. And what else would you -- what
 24 else -- what other tools, resources -- resources
 25 might an emergency room practitioner use to make a

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1 differential diagnosis of a subarachnoid hemorrhage?
 2 **A. Physical exam.**
 3 Q. Okay. And tell me about the -- what about
 4 a physical exam would assist in a differential
 5 diagnosis?
 6 **A. Of subarachnoid hemorrhage?**
 7 Q. Yes.
 8 **A. Well, you do a -- what I call an HEENT,**
 9 **head, eyes, ears, nose, throat; and a neck exam.**
 10 **And then if the person was complaining of a**
 11 **headache, then I would do a neuro exam.**
 12 Q. Okay. What do you mean by "neuro exam"?
 13 **A. Whether they're alert, they're oriented,**
 14 **what their level of consciousness is, what their**
 15 **speech is like, what their gait is like,**
 16 **coordination, ability to follow instructions,**
 17 **cranial nerves.**
 18 Q. Okay. Tell me about the cranial nerves.
 19 What -- I mean, what do you mean -- how would you
 20 test a person's cranial nerves?
 21 **A. Okay. I would ask them to do things like**
 22 **stick their tongue out. I'd use a tongue blade to**
 23 **check the back of their throat and see if they have**
 24 **a gag reflex, see if they can clench their teeth**
 25 **together, pump their cheeks out, raise their**

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1 **eyebrows, shrug their shoulders, blink if you touch**
 2 **their cornea, things like that.**
 3 Q. Okay. How might the HEENT assist in making
 4 a differential diagnosis of -- of a patient who has
 5 got -- whether or not they have got a subarach- --
 6 subarachnoid hemorrhage?
 7 **A. If they have got a headache, could be sinus**
 8 **infection. So like if you press on their cheeks and**
 9 **they have head pain, face pain, could be a sinus**
 10 **infection. If you look at their ears, if they have**
 11 **an ear infection, could be, you know, causing head**
 12 **pain, headache.**
 13 Q. Okay. Anything else on the HEENT that
 14 comes to mind --
 15 **A. No.**
 16 Q. -- right now? Okay. And how about the
 17 neuro exam? What might that -- what would you be
 18 looking for if you were trying to make a
 19 differential diagnosis of a patient with a
 20 subarachnoid hemorrhage?
 21 **A. I would be looking to see whether they were**
 22 **neurologically intact, whether their speech was**
 23 **clear, whether they were walking normally, whether**
 24 **they could heel to toe, balance is okay, they**
 25 **could -- their cranial nerves were normal.**

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1 Q. Okay. Anything else that comes to mind?
 2 **A. No.**
 3 Q. Okay. Any other tools that you might use
 4 as an emergency room practitioner to make a
 5 differential diagnosis of a patient who has got a
 6 subarachnoid bleed -- or to determine whether or not
 7 they have a subarachnoid bleed?
 8 **A. Well, you could consider doing a CAT scan.**
 9 **You could consider doing a spinal tap.**
 10 Q. Okay. In your experiences working at Cross
 11 Roads, in the emergency department, do you -- as a
 12 nurse practitioner, as an advanced nurse
 13 practitioner, are you -- do you have the authority
 14 to order CAT scans?
 15 **A. Yes. But in order to do a CAT scan, the**
 16 **patient has to be med-evac'd here to Anchorage.**
 17 Q. Okay. Because you don't have CAT scan
 18 capability out there?
 19 **A. No.**
 20 Q. All right. So -- all right. So if you --
 21 so in the case of -- let's say the one patient you
 22 discussed who -- well, it sounds like two patients
 23 were med-evac'd to Anchorage and then to Seattle, at
 24 least that you know of in your -- in your experience
 25 or practice. And were those patients also -- were

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<p style="text-align: right;">Page 85</p> <p>1 they med-evac'd to Anchorage to have a CT done?</p> <p>2 Do --</p> <p>3 A. Yes.</p> <p>4 Q. Is that the purpose of sending them to</p> <p>5 Anchorage?</p> <p>6 A. Well, we don't keep patients out there if</p> <p>7 they're, like, too sick for us to take care of. If</p> <p>8 we can't diagnose them there, you know, then we</p> <p>9 don't keep them there. That's the purpose, is to</p> <p>10 get them to a higher level of care.</p> <p>11 Q. Got it. Okay. How about your experience</p> <p>12 in training -- well, let me start with your</p> <p>13 experience dealing with chronic pain patients. Is</p> <p>14 that -- is that -- have you had experience dealing</p> <p>15 with chronic pain patients in your practice?</p> <p>16 A. Yes.</p> <p>17 Q. All right. And I guess I'm going to focus</p> <p>18 right now on your practice as a nurse practitioner</p> <p>19 after you graduated with your master's in nursing.</p> <p>20 What sort of experience have you had dealing with</p> <p>21 chronic pain patients?</p> <p>22 A. I've had quite a number of patients who</p> <p>23 have come repeatedly asking for, you know,</p> <p>24 prescription refills, patients with chronic</p> <p>25 headache, a patient with chronic back pain, a</p>	<p style="text-align: right;">Page 87</p> <p>1 more like seeking more and more narcotics, then I</p> <p>2 usually refer them to a chronic pain place. Like my</p> <p>3 patients in the village, I refer them to ANMC to get</p> <p>4 into the chronic pain contract. Private sector</p> <p>5 patients I'll refer to a chronic pain person.</p> <p>6 Q. Okay. And one of the -- let me just ask</p> <p>7 you this: If you're dealing with a patient who is a</p> <p>8 chronic patient, one of the things you would want to</p> <p>9 know, if they're presenting to you at a clinic or an</p> <p>10 emergency room, is whether or not they're actually</p> <p>11 looking for pain medication?</p> <p>12 A. Right.</p> <p>13 Q. Okay. And what else would you want to</p> <p>14 know?</p> <p>15 A. I would want to know: Okay, what brings</p> <p>16 them to the clinic right now? Is it because they</p> <p>17 have run out of meds, and they just need a refill?</p> <p>18 Is it because their pain is worse? Is their pain</p> <p>19 new?</p> <p>20 I would want to know the stresses that are</p> <p>21 going on in life, because a lot of times the stressors</p> <p>22 will increase chronic pain.</p> <p>23 Q. Okay.</p> <p>24 A. So I would want, you know, kind of a</p> <p>25 psychosocial history as well as just probably a</p>
<p style="text-align: right;">Page 86</p> <p>1 patient with chronic hip pain, knee pain.</p> <p>2 Q. Okay. And did you receive any training at</p> <p>3 UAA about dealing with some chronic pain patients?</p> <p>4 A. Not that I can remember.</p> <p>5 Q. Okay. And so what's your practice in terms</p> <p>6 of dealing with patients who have a chronic pain</p> <p>7 problem? And -- and let me focus now on your</p> <p>8 experience working in the emergency department.</p> <p>9 And let me clarify. A moment ago when you</p> <p>10 said, you know, you've had a lot of experience dealing</p> <p>11 with chronic pain patients presenting looking for</p> <p>12 refills in medication, are you talking about at the --</p> <p>13 at the emergency department at Cross Roads or --</p> <p>14 A. No. It could be in any clinic.</p> <p>15 Q. Okay. And so how do you -- what's your</p> <p>16 practice in terms of dealing with chronic pain</p> <p>17 patients?</p> <p>18 A. My practice is initially to figure out</p> <p>19 what's going on. Like is this a chronic pain issue?</p> <p>20 Like the first time a person comes to me, I don't</p> <p>21 know necessarily that it's going to turn out to be a</p> <p>22 chronic thing. But if the patient comes to me</p> <p>23 repeatedly or the patient gets a history of repeated</p> <p>24 pain, you know, then I will treat them oftentimes to</p> <p>25 a certain extent. And then if it becomes more and</p>	<p style="text-align: right;">Page 88</p> <p>1 repeat physical exam.</p> <p>2 Q. And would you agree you also need to do a</p> <p>3 careful history of the patient who is a chronic pain</p> <p>4 patient --</p> <p>5 A. Yes.</p> <p>6 Q. -- who comes into either an emergency room</p> <p>7 setting or clinic setting?</p> <p>8 A. Yes.</p> <p>9 Q. All right. Is it -- does getting a careful</p> <p>10 history -- does it have the same importance for a</p> <p>11 chronic pain patient as for a patient who comes in</p> <p>12 that's not a chronic pain patient?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. So it's -- it's the same level of</p> <p>15 importance. You want to get a -- you want to</p> <p>16 understand why the patient is there and to get a</p> <p>17 current history and a past history. Is that</p> <p>18 correct?</p> <p>19 A. Yes.</p> <p>20 Q. All right. And what -- and why would you</p> <p>21 do that? What does it help you do as a</p> <p>22 practitioner?</p> <p>23 A. Determine whether there's changes in the</p> <p>24 patient's condition that warrant further evaluation.</p> <p>25 Q. Okay. And let me just go back to patients</p>

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<p style="text-align: right;">Page 89</p> <p>1 with a subarachnoid hemorrhage. Would you agree</p> <p>2 that it's important that emergency care providers be</p> <p>3 familiar with a presentation of a subarachnoid</p> <p>4 hemorrhage?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. And would you agree that it's</p> <p>7 important that providers -- emergency room providers</p> <p>8 have a basic understanding of -- that -- that the</p> <p>9 presentation of a subarachnoid hemorrhage could</p> <p>10 vary, that it's not always the same?</p> <p>11 A. Yes.</p> <p>12 Q. All right. Going back to patients with --</p> <p>13 who may have a subarachnoid hemorrhage, where that's</p> <p>14 part of a differential diagnosis. I just want to</p> <p>15 make sure I have sort of exhausted everything that</p> <p>16 you would be concerned about looking at as an</p> <p>17 emergency room provider in a patient where -- that's</p> <p>18 part of your differential diagnosis.</p> <p>19 We have gone over the physical exam, the</p> <p>20 neurological exam, and a history. Is there anything</p> <p>21 else that you would want to know as a provider, in</p> <p>22 terms of trying to figure out whether or not a patient</p> <p>23 who presents has a subarachnoid hemorrhage?</p> <p>24 A. And how is this patient presenting?</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 91</p> <p>1 problems, like vision changes, nausea and vomiting,</p> <p>2 all the things that I mentioned before, trouble with</p> <p>3 speech, then I would think, hmm, you know, the red</p> <p>4 flag would go up.</p> <p>5 Q. Okay. When you say -- have you ever had a</p> <p>6 patient come to you and say, I had a thunderclap</p> <p>7 headache?</p> <p>8 A. No, but patients will say -- you know, if</p> <p>9 you say, did this come on suddenly or slowly, you</p> <p>10 know, they will tell you whether it was sudden or</p> <p>11 slow.</p> <p>12 Q. And is that generally a question you would</p> <p>13 ask if a patient came to you with a severe head</p> <p>14 pain, that you would want to know if it came on</p> <p>15 suddenly or if it came on slowly?</p> <p>16 A. A lot of times.</p> <p>17 Q. Is it important to know whether or not a</p> <p>18 patient's headache is -- had a sudden onset?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. And -- and -- and why would that be,</p> <p>21 that you would want to know that? As an emergency</p> <p>22 room provider, why would you want to know whether or</p> <p>23 not their headache had a sudden onset?</p> <p>24 A. So that you could work through what your</p> <p>25 differential diagnosis is.</p>
<p style="text-align: right;">Page 90</p> <p>1 A. No. I'm -- I'm asking you. Is this a</p> <p>2 person -- like you're asking me, I think: How does</p> <p>3 a person with a subarachnoid hemorrhage -- I don't</p> <p>4 know. I -- I think I might be confused on what</p> <p>5 you're asking me.</p> <p>6 Q. Okay. Well, I guess I'm trying to</p> <p>7 understand your -- you have worked as an emergency</p> <p>8 room provider. Okay? And -- well, let me -- let me</p> <p>9 just start back at the beginning.</p> <p>10 MR. GUARINO: No, please don't do that.</p> <p>11 THE WITNESS: Yeah, let's don't go back that</p> <p>12 far.</p> <p>13 MR. GUARINO: We're never getting her out of</p> <p>14 here anytime if we're going to do that.</p> <p>15 BY MS. McCREADY:</p> <p>16 Q. Well, I don't mean back to the beginning,</p> <p>17 but if you have a patient who presents -- in your --</p> <p>18 in your experience as an emergency room</p> <p>19 practitioner, when is it that a subarachnoid</p> <p>20 hemorrhage would come into your differential</p> <p>21 diagnosis?</p> <p>22 A. If the patient had a sudden onset of a</p> <p>23 really bad headache, often they, you know, refer to</p> <p>24 that as a thunderclap headache. If the patient had</p> <p>25 a stiff neck, if the patient had neurologic</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. Okay. When you -- well, do you know -- let</p> <p>2 me ask you this: Do you know what the standard of</p> <p>3 care is for a patient, once they're diagnosed with a</p> <p>4 subarachnoid hemorrhage, once they're actually --</p> <p>5 it's determined that they have a subarachnoid</p> <p>6 hemorrhage, do you know what the standard of care is</p> <p>7 for treating them?</p> <p>8 A. Well, you would turn them over to a</p> <p>9 neurologist or a neurosurgeon.</p> <p>10 Q. Okay. And anything else? I guess I'm just</p> <p>11 trying to get at: Are you going to be offering any</p> <p>12 opinions in this case on the standard of care of</p> <p>13 treating a patient who has got a subarachnoid</p> <p>14 hemorrhage?</p> <p>15 A. No.</p> <p>16 (Exhibit 2 marked.)</p> <p>17 BY MS. McCREADY:</p> <p>18 Q. Okay. On your report, which I have just</p> <p>19 marked as Exhibit 2 -- and is that a copy of the --</p> <p>20 your report in this case?</p> <p>21 A. Yes.</p> <p>22 Q. All right. I am just wondering what --</p> <p>23 what it is you did review before you drafted that</p> <p>24 report.</p> <p>25 A. What it is I did review?</p>

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